

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001486

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

201

FILED JAN 25 1962

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

KANSAS CITY

Length of stay in 1b

18 YEARS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

1332 EAST 55TH STREET

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI b. COUNTY

JACKSON

c. CITY  
OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

1332 EAST 55TH STREET

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

OTIS

EARL

BARKER

4. DATE  
OF DEATH

Month

Day

Year

JANUARY 13

1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

2/26/84

## 9. AGE (last birthday)

77

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ENGINEER

## 10b. KIND OF BUSINESS OR INDUSTRY

HOISTING

## 11. BIRTHPLACE (City and state or country)

La HARPE, KANSAS

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

CALEB BARKER

## 13b. MOTHER'S MAIDEN NAME

CHARITY GLEASON

## 14. NAME OF HUSBAND OR WIFE

GERTRUDE ELLEN BARKER

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

GERTRUDE ELLEN BARKER KANSAS CITY, MO.

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Congestive heart failure

## INTERVAL BETWEEN ONSET AND DEATH

1 month

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Arteriosclerotic Cardiovascular

## DUE TO (c)

Disease

2 years

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from March 1961 to Jan 13, 1962 and last saw her alive on Jan 13, 1962

Death occurred at 8:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22. SIGNATURE

## (Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

D.W. NEWCOMER'S SONS KANSAS CITY, MO. 1-13-62

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

William F. Sanders

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Edward M. Storey*

Licensed Embalmer No.

*4452*

P. O. Address

*K. C. 10 Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.